Ebola: A Message from President Obama and Facts from CDC Health Experts

The Ebola outbreak in West Africa is something that matters to all of us, and President Obama is asking you, as leaders in your communities, to share the facts about Ebola and help stop the spread of this disease.

Watch his message and read more of the U.S. Centers for Disease Control and Prevention (CDC) Facebook chat with the YALI Network.

In response to the concerns voiced by the YALI Network, experts from the U.S. Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, were invited to participate in a Facebook #YALICHAT to help verify the facts and dispel the rumors about Ebola. More than 100 questions and comments came in from across Africa. Here is a summary of the chat.

Joel N. expressed his concerns about the dangers of Ebola and asked how the United States is assisting African nations in battling the infection.

CDC: More than 60 CDC staff are deployed in Guinea, Liberia, Nigeria, and Sierra Leone to assist with the outbreak response efforts. CDC staff are helping with surveillance, contact tracing, database management, and health education. And back at our headquarters in the U.S., about 500 additional CDC staff are providing assistance. CDC and the U.S. government will continue to take active steps to respond to the rapidly changing situation in West Africa.

Alhadhuir N. in the island nation of Comoros asked the CDC experts, how can a person avoid this sickness?

CDC: To help protect yourself from Ebola, you should do the following: 1) Practice good hygiene. 2) Avoid contact with body fluids: blood, feces, saliva, urine, vomit, and semen 3) Avoid burial rituals that require handling the body of a person who died from Ebola. 4) Avoid contact with nonhuman primates and bats, as well as body fluids and raw meat from these animals.

Ebola is also spread through direct contact with objects that have been contaminated with the virus. Ebola is not spread through the air or by water. In general, it is not spread through food.

Anyone who is sick with Ebola can spread the virus, and will present these symptoms: fever greater than 38.6°C or 101.5°F; additional symptoms, such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage are also common. Jackson B. in the Democratic Republic of Congo asked what can be done to prevent the disease in areas where many people are already sick?

CDC: The most effective way to stop the current Ebola outbreak is to find Ebola patients, isolate and care for them, and trace their contacts. Also, people need to be educated about safe burial practices, and we must make sure that healthcare workers strictly follow infection control procedures in hospitals. This is how all previous Ebola outbreaks have been stopped.

CDC advises that people monitor their health for 21 days if they were in an area with an Ebola outbreak.

Claudio V. wrote from Mozambique: does it have cure?

CDC: Thank you for this important question, Claudio. There is no vaccine or medicine (e.g., antiviral drug) that has been proven effective against Ebola. But there are many candidates in development. Three companies that have Ebola treatments in development are Mapp Biopharmaceutical Inc. (ZMapp), Tekmira, and Biocryst Pharmaceuticals. In addition, a company called Newlink is working on a possible vaccine.

[Editor's Note: Two U.S. missionaries who contracted the virus in Africa were flown home for treatment and were apparently cured of the disease with ZMapp treatment.]

Takawira D. in Zimbabwe had a follow up question about ZMapp: How long are we going to wait before the experimental drug that healed the two Americans is made available to Africans?

CDC: ZMapp is still in an experimental stage, so the manufacturer reports that there is a very limited supply and that they don't yet have the capacity to manufacture large quantities of this treatment. So it cannot be purchased and is not available for general use.

The two American aid workers sick with Ebola received ZMapp because it was privately arranged by Samaritan's Purse, the private humanitarian organization that employed one of these two aid workers. The U.S. government did not procure, transport, approve, or administer the ZMapp treatment.

So far there is no vaccine or medicine that has been proven to be effective against Ebola. But there are many candidates in development. Three companies that have Ebola treatments in development are Mapp Biopharmaceutical Inc. (ZMapp), Tekmira, and Biocryst Pharmaceuticals. In addition, a company called Newlink is working on a possible vaccine.

[Editor's Note: By U.S. law, a pharmaceutical company must conduct a complex series of trials, field tests and data analysis before a federal agency approves the drug for the marketplace. The manufacturer has not yet completed that process with ZMAPP.]

Additional Information:

U.S. Centers for Disease Control.

Read the questions and answers from the Facebook chat <u>here</u>.

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Post by Young African Leaders Initiative Network.

Communities, Communication Can Improve African Health Care

Caption: Dr. Farouk Garba, a Nigerian physician, spent his 2014 fellowship at Morgan State

University.

Credit: Photo: Farouk Garba

Disease outbreaks such as HIV/AIDS, Ebola and pandemic influenza have led health agencies everywhere to realize they have a shared mission. A dangerous disease-causing pathogen may emerge far away. But when one infected patient boards a plane, the disease becomes a much broader problem, even a global health threat, very quickly.

Nations have come to a mutual understanding of their responsibility to maintain "global health security." With an agreed set of international health regulations, they help each other control, contain and monitor disease. That's hard in developing-world countries with large rural populations where advanced health care services aren't available.

The current Ebola outbreak in West Africa underscores how urgent it is to improve not just health care services, but also public understanding of how disease is transmitted and what health care workers must do to effectively control disease.

Some participants in the Mandela Washington Fellowship Program for Young African Leaders have been thinking about these questions and have offered some thoughts for improvement of the continent's health care.

Dr. Pierre Balamou of Guinea, who works on malaria control with the West African Health Organization, urged YALI Network members to promote better public health "by educating our families and relatives on good public health practices and promoting health at home, [in the] workplace and everywhere."

Dr. Laud Boateng of Ghana echoed Dr. Balamou's ideas on the importance of community and social networks to raise awareness of good health practices.

"Our priority as a continent should be prevention, prevention — and prevention," Dr . Boateng explained.

In Ghana, Dr. Boateng recommends, "as public health personnel, we need to engage an all-sector response" when a major health threat puts the public at risk.

Sierra Leone's Zainab Conteh, a Mandela Washington Fellow employed by her nation's ministry of health, notes specific areas where she hopes public health might advance: laboratory networks, health workforce capability and research capability.

Like her contemporaries in Ghana and Guinea, Conteh sees local-level people as an untapped resource for improving health care because they could bring a greater level of trust to health care.

"Community health workers could be trained on simple diagnosis [and] treatment of high-risk diseases like malaria, diarrhea, malnutrition." Basic education in communities could also allow early detection of dangerous health symptoms to allow quicker action for finding advanced medical care.

Dr. Farouk Garba, a Nigerian ophthalmologist, studied at the Johns Hopkins University Wilmer Eye Institute when he was in the United States. A number of health care policies he saw there might be successfully implemented in Africa, he told us.

Located in Baltimore, with a large population of urban poor, the Wilmer Eye Institute established small care centers at the neighborhood level. "This way health care is taken to the patients, to their door steps," Dr. Garba wrote.

"This will go a long way in saving lives," Dr. Garba wrote.

Guinea's Dr. Balamou says his participation in the Washington Mandela Fellowship program has better equipped him with decisionmaking skills to address complex health problems like Ebola and identify long-term, sustainable solutions.

Overall, these public health workers advise fellow young Africans to heed communications about health issues and recognize that everyone has a mutual interest and responsibility in protecting public health in their communities.